Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER SMALL	
TC	TAL CLAIMS		20				[RATE	FEE]	RATE	FEE
FO	A		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
то	TAL CHARGEA	BLE CLAIMS	20 minus 20=		• 0			X\$ 9=		OR	X\$18=	1
IND	EPENDENT CL	AIMS	3 minus 3 =				Ī	X43=		OR	X86=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				İ	+145=		OR	+290=	·
* If the difference in column 1 is less than zero, enter "0" in column 2							ŧ	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II										J ~''	OTHER	THAN
		(Column 1)	(Column 2) (Column 3					SMALL		OR	SMALL	
AMENDMENT A	वर्राण	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID		PRESENT EXTRA.		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	· 22	Minus	2	0	- 2		X\$ 9=		OR	X\$18=	100
ME	Independent	• .5	Minus ***		3	· 2		X43=		OR	X86=	400
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE	500
		(Column 1)		(Colu	mn 2)	(Column 3)						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
AMENDMENT	Independent	*	Minus	****	5 00 4 11 4	<u> -</u>		X43=.		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								÷145=		OR	+290=	
								TOTAL ODIT, FEE		OR	ADDIT. FEE	
		(Column 1)	<u></u>	(Colu		(Column 3)	1			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=] [X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL												
of the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE ADDIT, FEE												
•	The Highest Nun	ber Previously Pai	d For* (Total o	r Independ	ent) is the	highest numbe	er four	nd in the ap	propriate box	c in co	lumn 1.	

Application or Docket Number